

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P20042** (8)

1. Corporation Name
OWEN AYRES & ASSOCIATES, INC.



Principal Place of Business: 3901 COCONUT PALM DR TAMPA FL 33619
Mailing Address: 3901 COCONUT PALM DR TAMPA FL 33619

3. Date Incorporated or Qualified 07/13/1988	3a. Date of Last Report 01/19/1995
4. FEI Number 39-0965082	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDERSON, DAMANN 1122 KINGFISH PLACE APOLLO BEACH FL 33570		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GLASSHOF, KEITH E. 2033 HENRY AVENUE EAU CLAIRE WI	1.1 TITLE	DIRECTOR NORMAN KELLER 2270 HIGHLAND MAIL EAU CLAIRE, WI 54701
NAME	V HEINE, JAMES W. 190 112TH AVE NORTH ST PETERSBURG FL	2.1 TITLE	DIRECTOR KEVIN HAGEN 2445 DARWIN ROAD MADISON, WI 54701
STREET ADDRESS	SD QUINN, PATRICK J. 4332 WOODRIDGE DRIVE EAU CLAIRE WI	3.1 TITLE	ASSISTANT SECRETARY THOMAS STUMM 2934 GREENVIEW DR EAU CLAIRE, WI 54703
CITY-ST-ZIP	D HANCOCK, DAVID 7574 N PINE HARBOR DR CHIPPEWA FILLS WI	3.2 NAME	
TITLE	D DINGMANN, DUANE E. RT 6 BOX 215 EAU CLAIRE WI	3.3 STREET ADDRESS	
NAME	D REINBACHER, GEORGE 2134 WALNUT RIDGE DR EAU CLAIRE WI	3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	
CITY-ST-ZIP		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	
CITY-ST-ZIP		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: *Thomas Stumm* Thomas Stumm 1/30/96 (615) 831-7520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)